Ĩ	NO. OF COPIES RECEIVED					
	DISTRIBUTION SANTA FE		NSERVATION COMMISSICIA	Form C+164 Supersedes Old C+16; and C+116		
	FILE		AND			
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT DIL 29ND 212 22 PH 16	<sup>s</sup>		
	IRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE		· · · · · · · · · · · · · · · · · · ·			
	Yates Drillin	g Company				
	207 So. Fourt	h St., Artesia, New				
Í	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)			
	Tweenpletion			:		
	Change in Ownership	Casinghead Gas X Conden	sate			
	If change of ownership give name and address of previous owner					
п.	DESCRIPTION OF WELL AND I	EASE	re, Including Formation	Mind of Longo		
	Lease Name Lillie M. Yates		ison Penn.	Kind of Lease State, Federal or Fee BOC.		
	Location					
	Unit Letter <u>D</u> ; <u>660</u>	Feet From The North Line	e and632.3 Feet From 77	he <u>West</u>		
	Line of Section 31 , Tow	nship 85 Range 3	7 <u>2</u> , <sub>NMPM</sub> , ROOS	evelt County		
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Cil	or Condensate	Address (Cive address to which approve P.O. Eox 900, Dall			
	Mobil Oil Company Name of Authorized Transporter of Cas	inghead Effectives Prylage	Address (Give address to which approv	ed copy of this form is to be sent;		
	Cities Service Oi	L Company	Bartlesville, Okla			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		•		
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
	Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back – Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			·	Depth Casing Shoe		
	Perforations Depth Casing Shoe					
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	UEPTH 3ET			
		· · · · · · · · · · · · · · · · · · ·				
v.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil a pth or be for full 24 hours)	ind must be equal to or exceed top allow-		
	OHL WELL Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test					
	Actual Prod. During Test	Oil-Bhls.	Water-Bbls.	Gas-MCF		
		<u>1</u>				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity di Condensate		
				-		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
VI.	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
	Commission have been complied y	regulations of the Oil Conservation with and that the information given $e$ best of my knowledge and belief	· · · · ·	•		
	above is true and complete to the	. best of my knowledge and beliefs		4		
	a = a	$\square$	TITLE	compliance with RULE 1104.		
	Hugh His	Parry	If this is a roopest for allow	mbte for a newly dritted or deepered		
	(Sign Office	ature) Manager	tests taken on the well in accor			
		ile)	All sections of this form mu able on new and recompleted we	st be filled out completely for allow- fils.		
	· · · · · · · · · · · · · · · · · · ·	28/67	Fill out Sections I, II, III,	and VI only for changes of owner, or, or other such change of condition.		
	[]//			t be filed for each pool in multiply		

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## 1.... 1 860 - 1 1 1

Form 9-331 (May 1963)		UNIT STATES MENT JF THE IN GEOLOGICAE BURN		SUBMIT IN TRHALC/ (Other instructions o verse side)	W	LEASE DESIGNATION A $1 - 03283$	No. 42-R1424. ND SERIAL NO.
(Do n	SUNDRY NO ot use this form for prop Use "APPLI	FICES AND REPORT	Dug back to such proposal	WELLS a different reservoir. s.)	6.	IF INDIAN, ALLOTTER	OR TRIBE NAME
I. OIL WELL	GAS WELL OTHER	SWD			7.	UNIT AGREEMENT NAM	E
2. NAME OF	OPERATOR				8.	FARM OR LEASE NAME	
Yates	Drilling Com	pany				Lillie M. Y	Zates
3. ADDRESS C			t	· · · · · · · · · · · · · · · · · · ·	9.	VELL NO.	
207 Sc	b. 4th Street	- Artesia, Nev	w Mexic	o 88210		4	
4. LOCATION See also s At surface	pace 17 below.)	clearly and in accordance wi	th any State	requirements.*		10. FIELD AND FOOL, OR WILDCAT Allison Penn.	
	660' FNL 6	32.3' FWL of S	ec. 31-	-T8SR37E	1	11. SEC., T., R., M., OR BLK. AND SURVEY OR AELA	
				NMPM	S	ec. 31-85-3	37E <sub>NMPM</sub>
14. PERMIT N	0.	15. ELEVATIONS (Show who	ether DF, RT, G	R, etc.)	12	. COUNTY OR PARISH	13. STATE
		4055 D	F		R	oosevelt	N.M.
16.	Check A	ppropriate Box To India	cate Natur	e of Notice, Report, or	Othe	n Data	
	NOTICE OF INT	INTION TO:		SUBS	EQUENT	REPORT OF:	
TEST WA	TER SHUT-OFF	PULL OR ALTER CASING	-	WATER SHUT-OFF		REPAIRING W	
FRACTUR		MULTIPLE COMPLETE	-	FRACTURE TREATMENT		ABANDONMEN	
	R ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	red	to SWD	
REPAIR V	VELL	CHANGE PLANS	-	(Other)	lts of	multiple completion o	n Well
(Other)				Completion or Reco		n Report and Log form	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.).

18. I hereby certify that the foregoing is true and correct SIGNED	TLE Prod. Supt.	9 DATE <u>6-5-59</u>
(This space for Federal or State office use) APPROVED BY	TLE ICCENTED FOR Distance Engine JUN 6 196	<u>9</u> 9

\*See Instructions on Reverse Side

<sup>2-15-69 -</sup> This well was converted to a Salt Water Disposal well according to Case Order # R-3598 - Case #3955 with 2-3/8" tubing set at 9600'. Disposal of the water commenced on 2-20-69. The water disposed of in this well is only water produced on the leasehold.

SUN	UDEBARTM	IN TO STATES EN. OF THE INT EOLOGICOL SURVEY CES AND REPORT Is to drill or to deepen or I VION FOR PERMIT. for s	y TS ON WELLS	ructions re-	Form approve- Budget Bureau 5. LEASE DESIGNATION A M-03283 6. IF INDIAN, ALLOTTEE	1 No. 42-R1424.
1. OIL CAS WELL WELL	OTHER				". UNIT AGREEMENT NA	VCE.
2. NAME OF OPERATOR Yates Dr	illing Co	mpany			8. FARM OR LEASE NAM Lillie M. Ya	
3. ADDRESS OF OPERATO 207 SO.		et - Artesia,	New Mexico	8821.0	0. WELL NO. 4	
Siee also space 17 bel At surface	ow.)	arly and in accordance with			10. FIELD AND POOL, OB Allison Pen: 11. SEC., T., B., M., OB B SUBVEY OR ABEA SEC. 31-85-	11 • LK. AND
14. PERMIT NO.		15. ELEVATIONS (Show whet 4055			12. COUNTY OB PARISH ROCSEVELT	13. STATE N.M.
16.	Check App NOTICE OF INTENT	оторгіате Box To Indicc 10N то:	ate Nature of Notice		Dther Data Dent beport of:	
TEST WATER SHUT-O FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) CONVE		ULL OR ALTER CASING ULTIPLE CONPLETE BANDON* HANGE PLANS Well to SWD X	(Other)(Note	REATMENT	REPAIRING W ALTEBING CA ABANDONMEN s of multiple completion of let.on Report and Log for	SING

DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

•

.

2-4-69 - It is our intention to convert this well to a Salt Water Disposal well according to Case Order # R-3598-Case #3955. 2-3/8" tubing will be set at 9600'. Water then will be injected into perforations 9640-9660' - Pennsylvanian Formation

.

I hereby certify that the foregoing is true and correct SIGNED	TITLE	Prod. Supt.	DATE	6-5-69
(This space for Federal or State office use)		TADDRON	1ED DATE	
CONDITIONS OF APPROVAL, IF ANY:		JUN & 19	69/5	
*See	Instructio	ns on Reverse Side THUR R. BI	GINEER	

NO. OF COPIES RECEIVED			Form C. 100
DISTRIBUTION	REC:		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	C-102 and C-103
FILE		121968	Effective 1-1-65
U.S.G.S.		1 · · · · · · · · · · · · · · · · · · ·	5a. Indicate Type of Lease
LAND OFFICE		and the second	
OPERATOR			State Fee X   5. State Oil & Gas Lease No.
······································		pro proces	5. State On & Gas Lease No.
SUND	BY NOTICES AND REPORTS ON		- tunnin
(DO NOT USE THIS FORM FOR PI USE "APPLICA	RY NOTICES AND REPORTS ON ROPOBALS TO DRILL OR TO DEEPEN OR PLUG BUTTON FOR PERMIT -" (FORM C-101) FOR BUG	WELLS BACK TO A DIFFERENT RESERVOIN. CH PROPOSALS.)	
011 I			7. Unit Agreement Name
2. Name of Operator	OTHER-		
· · · · · · · · · · · · · · · · · · ·		-	8. Farm or Lease Name
Yates Drilling 3. Address of Operator	<u>Co.</u>		Lillie M. Yates
•			9, Well No.
<u>207 South 4th S</u>	<u>treet, Artesia, New</u>	Mex., 88210	4
			10. Field and Pool, or Wildcat
UNIT LETTER	660 FEET FROM THE North	LINE AND 632.3 FEET PRO	Allison Penn
THE West LINE, SECT	10N 31 TOWNSHIP 8	RANGE 37 NMP	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
<u>*************************************</u>			Roosevelt
Check	Appropriate Box To Indicate N	lature of Notice, Report or O	ther Data
NOTICE OF 1	NTENTION TO:		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER Put well ba	ick on pump
OTHER			μ
17 Describe Proposed on Completed of			

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

اندې د د ۲

Yates Drilling Co. ran a pump and rods in this well, set pump jack and restored to production. Well pumping 9-144" SPM, 20 BO, 40 BW, 24 hours. Please place on proration schedule.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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BIBNED Pagel Butite	TITLEEngineer	DATE 3-8-68
APPROVED BY CONDITIONS OF APPROVAL, IF ANYI	TITLE STRUCK DESTAN	DATE

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	NO. OF COPIES RECEIVED	a 1994 -				
	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLANABS OFFICE O.C.	Form C-164 Supersedes Old C-104 and C-110 Difective 1-1-85		
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL 29ND 21ATURAL OIL	AS		
	IRANSPORTER OIL GAS					
1.	OPERATOR PRORATION OFFICE					
	Yates Drilling Company					
	207 So. Fourt	h St., Artesia, New	Mexico			
	Reason's) for filling (Check proper box)	Change in Transporter of:	Other (Please explain)			
	hercompositor.	O:1 Dry Ga Casinghead Gas X Conden		:		
	If change of ownership give name and address of previous owner					
п.	DESCRIPTION OF WELL AND I	EASE	ne, Including Formation	Kind of Lease		
	Lillie M. Yates	4 All	lison Pern.	State, Federal or Fee FBC.		
	Unit Letter <u>D; 660</u>	Feet From The North Lin	e and <u>632.3</u> Feet From 7	The West		
	Line of Section 31 , Tow	nship 8S Range	B7E , NMPM, ROO	sevelt County		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	ad conv of this form is to be serv		
	Mobil Oil Company		P.O. Box 900, Dal	las 21, Texas		
	Name of Authorized Transporter of Cast Cities Service Oi		Address (Give address to which appro Bartlesville, Okl			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh			
	If this production is commingled with that from any other lease or pool, give commingling order number:					
IV.	COMPLETION DATA Designate Type of Completion	n = (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Pool	Name of Producing Formation	Top Oil/Gas Fay	Tubing Depth		
	Periorations		<u> </u>	Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			8			
v.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-		
	Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas li	., e.c.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Froil During Test	Oil-Bbls.	Vater-Bols.	Gas-MOF		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMOF	Gravity of Condensate		
	Tenting Bethod (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
VI.	CERTIFICATE OF COMPLIANC	CE	OIL CONSERV,	TION COMMISSION		
	I hereby certify that the rules and r Commission have been complied w		APPROVED	·		
	above is true and complete to the					
		$\square$	TITLE			
	Hugh H	Karry	If this is a request for allow	compliance with RULE 1984. Table for a newly dralled or deepergent and her a resolution of the law resolution.		
	(Signa Office	nure) Manager	tests taken on the welf in acco	nied by a tabulation of the deviation dance with RULE 111. Ist be filled out completely for allow-		
	(Tit 6/2	8/67	able on new and recompleted w			
	0/2					

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DISTRIBUTION		CONSERVATION COMMISSION	Form C-104	
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C	
FILE		AND	Effective 1-1-65	
LAND OFFICE	AUTHORIZATION TO TR	AND ANSPORTNOLLAND 312505	- PRS	
OIL	+			
GAS				
OPERATOR		-		
PRORATION OFFICE				
	Drilling Company			
Ad tress.				
309 Ca	rper Building, Artesia	, New Mexico		
Reason(s) for filing (Check proper		Other (Please explain)		
New Weil Recompletion	Change in Transporter of: Oil Dry G			
Change in Ownership	Casinghead Gas 🚺 Conde			
If change of ownership give nam and address of previous owner				
and dedices of provided owner				
DESCRIPTION OF WELL A				
Lease Hame		ame, Including Fermation	Kind of Lease State, Federal or Fee <b>Pod</b>	
Lillie M. Y	ates 4 Al	TIRON Lenu	State, Federal or Fee <b>Fed.</b>	
Unit Letter <b>D</b> ;;	660 Feet From The North Lit	632.3	om The West	
Onit Letter;;		ne ana <u>ve set Fr</u> ret Fr	om .ne	
Line of Section <b>31</b>	Township <b>88</b> Range	378 , NMPM,	Roosevelt Count	
	ORTER OF OIL AND NATURAL GA		oproved copy of this form is to be sent)	
Magnolia Pipe L		Box 900, Dalla	,	
Name of Authorized Transporter o	Casinghead Gas 🚺 or Dry Gas 🗍		oproved copy of this form is to be sent)	
Capitan, Inc.		P. O. Box 1959	<mark>8, Dallas, Texas</mark> 7521	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	1	
give location of tanks.	M 31 88 37E	Yes	9/1/61	
	l with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper.	Plug Back Same Res'v, Diff. Re	
Designate Type of Comp	etion - (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Fical	Name of Producing Formation	Top Oil/Gas Fay	Tubing Depth	
Perforations			Depth Casing Shoe	
i or torottons			Depth Clashig Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUES' OIL WELL	<b>FOR ALLOWABLE</b> (Test must be a able for this d	after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top al	
Date First New Oil Run To Tanks		Froducing Method (Flow, pump, ga	us lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Antonia Dana Ja Danala a Thank	Oil-Bbls.	Water-Bbls.	Gas - MCF	
Actual Prod. During Test	OII-Bbis.	Water - BBIS.		
·				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPL	ANCE		VATION COMMISSION	
I haraby contife that the mit-	and regulations of the Oil Conservation	APPROVED, 19		
Commission have been compli	ed with and that the information given			
above is true and complete to	the best of my knowledge and belief.	B+		
		TITLE		
· · · · ·	-7		in compliance with RULE 1104.	
- Anghing	Tarray.	If this is a request for a	llowable for a newly drilled or deepe	
- (	Signature	well, this form must be according tests taken on the well in ac	mpanied by a tabulation of the devia	
Office	Manager		must be filled out completely for all	
	(Title)	able on new and recompleted	i wells.	
11/10		Fill out Sections I, II,	III, and VI only for changes of own	
	(Date)	well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in mult		

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

## 10 11 3 co PN 165

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